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VIA FACSIMILE: (703) 872-9306RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2872PATENT
DON08 P-1104

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group : 2872
Examiner : A. Amari
Applicant : Brent J. Bos
Serial No. : 10/614,454
Filing Date : July 7, 2003
For : WIDE ANGLE IMAGING SYSTEM

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile: (703) 872-9306

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
2. Response (16 pages)

YOU SHOULD RECEIVE A TOTAL OF 19 PAGES.

Date: December 15, 2004

Susan L. Gasper
Susan L. Gasper
Van Dyke, Gardner, Linn & Burkhardt, LLP
2851 Charlevoix Drive, S.E., Suite 207
P.O. Box 888695
Grand Rapids, Michigan 49588-8695
(616) 975-5500

TAF/slg

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 Via Facsimile: (703) 872-9306

Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.
 The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2		Col. 3	Small Entity		Other Than Small Entity
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 49	Minus	** 52	= 0	x \$25	\$.00	x \$50	\$.00
Independent Claims	* 6	Minus	*** 6	= 0	x \$100	\$.00	x \$200	\$.00
First Presentation of Multiple Dependent Claims					\$180	\$.00	x \$360	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$			\$.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. Small entity status of this application has been established.
2. No additional Fee is required.
3. A check in the amount of \$ _____ is attached.
4. Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.
 A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: December 15, 2004

By Timothy A. Flory
 Timothy A. Flory, Registration No. 42 540
 2851 Charlevoix Drive, S.E.
 P.O. Box 888695
 Grand Rapids, Michigan 49588-8695
 (616) 975-5500

TAF/slg

C.

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Dear Sir or Madam:

RESPONSE

Responsive to the Final Office Action mailed October 20, 2004, Applicant wishes to amend the application as follows:

Amendments to the Specification are on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 14 of this paper.